

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216502700					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE SEGAL COMPANY (EASTERN STATES), INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2016</p> <p>SCC ID NO: F0600538</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>15,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	15,000	
CLASS	AUTHORIZED						
COMMON	15,000						
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>							
<p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p>							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 333 WEST 34TH STEET</p> <p style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10001</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH A LOCICERO TITLE: PRESIDENT ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOSEPH A LOCICERO TITLE: PRESIDENT ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOSEPH A LOCICERO TITLE: PRESIDENT ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICARDO M DIBARTOLO TITLE: SR VP/TREAS. ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RICARDO M DIBARTOLO TITLE: SR VP/TREAS. ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: RICARDO M DIBARTOLO TITLE: SR VP/TREAS. ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOWARD FLUHR TITLE: CHAIRMAN ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: HOWARD FLUHR TITLE: CHAIRMAN ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: HOWARD FLUHR TITLE: CHAIRMAN ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARGERY SINDER FRIEDMAN TITLE: SECRETARY ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARGERY SINDER FRIEDMAN TITLE: SECRETARY ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARGERY SINDER FRIEDMAN TITLE: SECRETARY ADDRESS: 333 WEST 34TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J. TIM BIDDLE TITLE: DIRECTOR ADDRESS: 120 MONTGOMERY STREET CITY/ST/ZIP/CO: STE 500 SAN FRANCISCO, CA 94104 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: J. TIM BIDDLE TITLE: DIRECTOR ADDRESS: 120 MONTGOMERY STREET CITY/ST/ZIP/CO: STE 500 SAN FRANCISCO, CA 94104	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: J. TIM BIDDLE TITLE: DIRECTOR ADDRESS: 120 MONTGOMERY STREET CITY/ST/ZIP/CO: STE 500 SAN FRANCISCO, CA 94104	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID BLUMENSTEIN TITLE: DIRECTOR ADDRESS: 1920 N STREET, NW CITY/ST/ZIP/CO: STE. 400 WASHINGTON, DC 20036 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DAVID BLUMENSTEIN TITLE: DIRECTOR ADDRESS: 1920 N STREET, NW CITY/ST/ZIP/CO: STE. 400 WASHINGTON, DC 20036	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DAVID BLUMENSTEIN TITLE: DIRECTOR ADDRESS: 1920 N STREET, NW CITY/ST/ZIP/CO: STE. 400 WASHINGTON, DC 20036	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MERRIL DELON DIRECTOR 140 THOMPSON STREET STE. 5E NEW YORK, NY 10012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DEMAIO DIRECTOR 333 WEST 34TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN FLYNN DIRECTOR 30 WATERSIDE DRIVE STE 300 FARMINGTON, CT 06032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN GINEO DIRECTOR 30 WATERSIDE DRIVE STE 300 FARMINGTON, CT 06032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MYRNA HELLERMAN DIRECTOR 101 N. WACKER DRIVE STE 400 CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE KEILIN DIRECTOR 200 PARK AVE NEW YORK, NY 10016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW SHERMAN DIRECTOR 116 HUNTINGTON AVENUE 8TH FLOOR BOSTON, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARGERY SINDER FRIEDMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARGERY SINDER FRIEDMAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/19/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			